

**NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT  
NEBRASKA HOME PROGRAM**

**INSTRUCTIONS**

**FINAL FINANCIAL REPORT**

**Part I** – Round all figures to nearest dollar

- Column 1 List the activity code for each activity, this should be consistent with all activity set-ups and activity completion reports where project funds were committed to a specific address OR the contract for 0181 general administration and all project costs not committed to a specific address.
- Column 2 List the address of each activity, with the exception of 0181 General Administration and project funds not assigned to an activity and therefore not assigned to an address.
- Column 3 Enter total costs for each activity. Include all costs actually paid and any payables for which a final amount is known.
- Column 4 Enter the amount of HOME program income or CHDO proceeds earned from this grant that was spent for each activity.
- Column 5 Enter the local share of costs paid for each activity. Local funds include all matching and other funds for the activity.
- Column 6 Enter the HOME grant share of costs paid for each activity (subtract columns 4 and 5 from column 3).
- Column 7 Enter the HOME grant amount approved for each activity.
- Column 8 Enter balance of the HOME grant funds that will not be spent for each activity (subtract column 6 from column 7).
- Line 9 Enter total of each column.

**Part II** – Round all figures to nearest dollar

- Line 1 Enter total from column 6 in Part I.
- Line 2 Enter the estimated HOME grant share of all claims against the grant for which the final amount is unsettled.
- Line 3 Subtotal lines 1 and 2.
- Line 4 Enter approved grant amount.
- Line 5 Enter balance of line 4 minus line 3.
- Line 6 Enter total grant funds received.
- Line 7 Enter balance of line 3 minus line 6. If line 6 exceeds line 3, enter the negative amount on line 7. The Department of Economic Development will provide instructions for returning the balance.

**PART III**

List all unpaid costs included in the total costs reported in Part I and the anticipated date of payment. The Department may require, prior to closeout of the grant, that appropriate documentation be submitted to support payment of the unpaid cost.

**PART IV**

List all unsettled obligations and claims against the grant shown in Part II, Line 2. Give the anticipated date of settlement and the approximate amount of the claim. Indicate the amount of the claims to be paid from HOME grant funds and the amount to be paid from local funds. The Department will require all claims against the grant be settled prior to closeout and may require appropriate documentation be submitted to support the obligation and payment.

**PART V**

The chief executive officer for the grantee should sign the certification attesting to the accuracy of the report.

A copy of the Final Financial Report should be placed in the grantee's file. The original copy should be mailed to:

HOME Final Financial Report  
Nebraska Department of Economic Development  
P.O. Box 94666  
Lincoln, NE 68509-4666

## FINAL FINANCIAL REPORT

**Grantee** \_\_\_\_\_ **Grant Number** \_\_\_\_\_

Part I – PROGRAM COSTS							
1	2	3	4	5	6	7	8
CODE	ACTIVITY ADDRESS or NAME	TOTAL ACTIVITY COSTS	LESS PROGRAM INCOME/CHDO PROCEEDS SPENT	LESS LOCAL SHARE	HOME GRANT SHARE	TOTAL APPROVED HOME GRANT AMOUNT	UNOBLIG. BALANCE OF HOME GRANT
9	TOTALS						

PART II – GRANT BALANCE		
	Amount	(DED Use Only)
1. Grant Amount Applied to Program Costs	\$	
2. Estimated Amount of Unsettled Claims to be Paid with Grant Funds	\$	
3. Subtotal	\$	
4. Grant Amount per Grant Contract	\$	
5. Unutilized Grant Amount to be Cancelled (Line 4 minus Line 3)	\$	
6. Grant Funds Received	\$	
7. Balance of Grant Payable (Line 3 minus Line 6) *	\$	

**\* If line 6 exceeds Line 3, enter the negative amount on Line 7. DO NOT return this unutilized balance until receiving instructions from DED.**

**PART III – UNPAID COSTS****PART IV – UNSETTLED CLAIMS****PART V – CERTIFICATION**

I certify that, to the best of my knowledge, this report is correct and complete; that provision has been made for the payment of all unpaid costs shown in Part III of this report; and that all unsettled claims and obligations shown in Part IV of this report shall be resolved and paid in a timely manner.

\_\_\_\_\_  
Typed Name and Title of  
Authorized Official

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

**PART VI – ACCEPTANCE (DED Use Only)**

The Nebraska Department of Economic Development accepts this report as the final financial status for the grant pending completion of any required audits.

\_\_\_\_\_  
Signature of DED Official

\_\_\_\_\_  
Date

Based on this report the following action is taken:

Cancellation of the unutilized grant in the amount of \$ \_\_\_\_\_

Request for refund to the Department of Economic Development the grant balance on hand in the amount of  
\$ \_\_\_\_\_